

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: NJ-507 - New Brunswick/Middlesex County CoC

1A-2. Collaborative Applicant Name: Middlesex County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Coming Home of Middlesex County

1B. Continuum of Care (CoC) Engagement

Instructions:

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1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	No
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	No	No	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	No
Homeless or Formerly Homeless Persons	Yes	No	No
SSVF Providers	Yes	Yes	No
NJ Department of Veteran's Affairs	Yes	No	No

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
(limit 1000 characters)**

Public and mailing list notices ensure that CoC meetings are publicized as open to any agency or person with knowledge of or interest in assisting homeless persons. Monthly CoC meetings are forums for receiving input from a wide variety of agencies/advocates and for sharing policy, advocacy, or action updates from subcommittees. This format allows the CoC to actively engage partners in subcommittee work. As the CoC prepared to implement Coordinated Assessment, there were multiple opportunities for agencies and individuals to comment throughout the system's development. Separate focus groups were held for street outreach, prevention, emergency shelters/transitional housing and permanent housing. Participants represented victim service providers, mental health service organizations, and veteran organizations. Also, the CoC recently initiated an integration of its work with the work of Medicaid HMO case managers and the health care case managers have begun attending our meetings.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Somerset Home for Temporarily Displaced Children	Yes	No	No
Making It Possible to End Homelessness	No	Yes	No
Catholic Charities Diocese of Metuchen	No	Yes	Yes
Reformed Church of Highland Park Affordable Housing Corporation	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Women Aware	Yes	No
Town Clock CDC	Yes	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

Middlesex County (MC) has a unique partnership between the County and Coming Home of MC (CHM), the non-profit created by to coordinate County efforts to end homelessness. MC and CHM sit on the CoC Executive Committee (EC) and partner with service providers/CoC members, sharing leadership roles and creating/implementing strategies across the community to address homelessness. Per CoC Bylaws, committees 'are formed upon recommendation of a CoC member, and by a majority vote of the EC to respond to community needs.' If the full CoC recognizes the need, it may request that the EC establish or recognize a committee and reach out to community partners with strategic expertise, experience, and resources. The CoC thus assigned the Homeless Youth Task Force & VHAP/SSVF Partnership to implement specific strategies to end youth & veteran homelessness, respectively. The Coordinated Assessment Committee is charged with overseeing the goals of ending chronic and family homelessness in Opening Doors.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

The CoC widely advertises requests for proposals to all sectors of the community through County List Serv, Human Services Advisory Council List Serv, and also posted on the County's website. This enables outreach to agencies not currently CoC-funded. Interested agencies can contact CoC Lead or attend CoC-provided technical assistance (TA) for help with questions about the CoC proposal process. No factors that specifically put new agencies at a disadvantage are considered. The CoC's public notice states that the criteria used to determine whether to include a new project on the project priority list includes agency capacity to implement a project rather than only HUD or CoC experience, as well as whether projects provide PSH for chronically homeless or RRH for homeless families/individuals. As a result, in 2015, the CoC educated multiple new prospective agencies at mandatory TA training, and received and funded 1 new project application from 1 new agency not previously funded.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?

Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	7	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	7	100.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	5	71.43%
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)**

Middlesex County (MC) is the CoC Lead & Participating Jurisdiction, allowing for daily interaction between MC Consolidated Plan and CoC personnel, with about 5 hours a week of coordination via in-person meetings (3hrs), calls (.5 hr.), and emails (1.5 hrs.). MC also sits on the CoC Executive Committee. CoC agencies are continuously encouraged to provide input to Edison, New Brunswick (NB), Old Bridge, Perth Amboy (PA), Sayreville, and Woodbridge Con Plans, regarding setting priorities, sharing data, and participating in Public Hearings to ensure homeless needs in the CoC are met. NB, PA, and Edison all ask for CoC HMIS data for plans, and Coming Home reviewed/commented on NB priorities. The annual provision of comments/data is the main formal CoC interaction with these six jurisdictions, but MC and HMIS Lead, Coming Home, meet regularly with these municipalities to provide education on homeless issues and discuss opportunities to collaborate on housing opportunities for the homeless.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)**

Middlesex County is both the primary ESG Recipient & CoC Lead, allowing for daily coordination between ESG Recipient & CoC personnel. The CoC has developed joint CoC/ESG project performance standards. The CoC recommends the percentage of ESG funds to be used on eligible activities, with higher percentages directed towards RRH each year, and also approves recommendations on ESG funding. Currently, Catholic Charities is the sole ESG recipient because it operates the majority of emergency shelter beds and can utilize ESG/CoC RRH to quickly end homelessness for consumers. The CoC and ESG Recipient actively share HMIS data, and the CoC acts as a forum for soliciting community input on ESG planning. The CoC's Coordinated Assessment system generates prioritization lists not just for PSH, but also for emergency shelter and ESG/CoC RRH in HMIS. The CoC also provides a forum for the community to send comments to the state of New Jersey to strategically inform its ESG allocation process.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

If a family or individual survivor of domestic violence presents to a homeless assistance provider, and are identified as experiencing an imminent threat or safety risk, only in this case can the provider bypass Coordinated Assessment (CA) and refer directly to the local victim service provider, Women Aware via phone to ensure data is not collected in HMIS. Survivor households may also access the CA system by calling 2-1-1 to be prioritized for any available resources, including specialized domestic violence resources with Women Aware. If a victim service provider is working with a survivor household, the provider may reach CA staff by phone to case conference without HMIS data entry. In this way, victim households are prioritized for the full range of RRH, PSH, or other housing resources available to the homeless, including 3 PSH units created by the CoC, Edison Housing Authority, Women Aware and Town Clock CDC for victim households, and will have 10 more by January 2016.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Perth Amboy Housing Authority	0.00%	No
New Brunswick Housing Authority	0.00%	No
Woodbridge Housing Authority	7.00%	Yes-Both
Carteret Housing Authority	0.00%	No
Edison Housing Authority	0.00%	Yes-Both

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)**

Middlesex County is in its 7th year of providing \$1M per year from its Housing First Capital program, which must be used to create PH for the homeless. Notable projects funded include Kilmer Homes, All Saints Apartments (veterans), Welcome Home, Promise House and another in the works with Coming Home. Agencies such as Triple C Housing and RCHP-AHC have various projects that created permanent housing for homeless using funding sources such as HOME, tax credit and state funding, especially the Special Needs Housing Trust Fund. The NJ LIHTC process has helped create 110 units in affordable housing projects that and set aside units for homeless persons. Ingerman Management completed a project that used a Coordinated Assessment (CA) pilot in placing persons for its 5 homeless set-aside units, and will use our CA system for a similar project under construction in Perth Amboy. The CoC has signed MOUs with three LIHTC applicants with homeless set-asides to use the CA system.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

The CoC’s two-part Coordinated Assessment (CA) process is widely advertised across the CoC’s geography by public notice, List Servs, community meetings, and by frontline shelter/outreach staff. Points of entry for CA are Middlesex County Board of Social Services (MCBOSS) and NJ 2-1-1 Homeless Hotline. MCBOSS is in New Brunswick, one of the CoC’s urban centers with concentrations of homeless needs/services. NJ 2-1-1 is a virtual access point covering the whole CoC geography. Rutgers University Behavioral Health Care, Elijah’s Promise HEART, & Catholic Charities outreach teams actively engage unsheltered individuals, families, and those least likely to access services to link them to the CA. Solider On & Community Hope provide intensive outreach and CA linkage to veteran households. Homeless or at-risk consumers are uniformly assessed for need/eligibility, and prioritized for emergency shelter, RRH, TH, & PSH based on length of homelessness and severity of service needs.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NJ 2-1-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medicaid HMOs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	15
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	15
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Need for specialized population services	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.
(limit 1000 characters)**

The CoC prioritizes projects based on a point structure which favors vulnerable populations. The CoC gives priority scoring to projects dedicating or prioritizing beds for the chronically homeless in whole or in part, and provides scoring incentives in performance standards for programs with participants receiving SSI/D by making earned income performance measures only inclusive of participants without these benefits. Project applicants seeking to provide permanent supportive housing and rapid re-housing were scored based on the degree to which they plan to coordinate project referrals with the community's Coordinated Assessment process, which will prioritize clients with the greatest length of homelessness and most severe service needs in accordance with CoC Policies and Procedures and HUD Notice CPD-14-012. The CoC also scores projects based on review of most recent APRs, which indicate whether a project is documenting that it serves the appropriate vulnerable target populations.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

The CoC explained in writing via email to renewal projects and to all CoC member agencies via the CoC Listserv and at CoC meetings, and on the County website what the local review, ranking and selection criteria were for the project prioritization. All prospective applicants and community members were notified of the criteria when the CoC solicited new and renewal proposals for both reallocated and Bonus funds. At the CoC meeting on 10/8/15, the CoC publicly presented the results of the ranking and review process for public comment and the Technical Review Committee explained the scoring, reallocation, and final budget decisions to the full CoC.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

11/18/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

10/06/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC Policies establish a Performance & Evaluation Committee that developed specific project performance goals based on program type pertaining to housing stability, exits to permanent housing, increased income, mainstream benefits, utilization rate, and data quality, based on HUD guidance on project performance and local priorities. CoC monitoring has been rotating every other year between desk monitoring using HMIS and APR data, and site visits plus HMIS and APR review. However, with increased CoC Planning dollars, the CoC will conduct annual comprehensive desk and site monitoring of funded projects.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. 53

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?
Applicant will enter the HMIS software name (e.g., ABC Software).

Servicepoint

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?
Applicant will enter the name of the vendor (e.g., ABC Systems).

Bowman Systems, Inc.

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation Single CoC coverage area:

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$94,681
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$94,681

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$8,687
State	\$0
State and Local - Total Amount	\$8,687

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$1,572
Private - Total Amount	\$1,572

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$15,214
Other - Total Amount	\$15,214

2B-2.6 Total Budget for Operating Year	\$120,154
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/15/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	162	24	138	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	208	0	178	85.58%
Rapid Re-Housing (RRH) beds	73	0	73	100.00%
Permanent Supportive Housing (PSH) beds	311	11	149	49.67%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)**

The CoC does not have any Safe Haven beds within the CoC, nor Other Permanent Housing beds per the 2015 HIC. The CoC's HMIS coverage for PSH is actually over 87%, except for HUD-VASH vouchers within its jurisdiction. The local VA participates in the CoC's Veterans Housing Assistance Program/SSVF Partnership, however, this partner is not intending to begin entering its data in the CoC's HMIS. The CoC's main strategy for increasing the coverage rate for PSH is to build on the success of Coordinated Assessment, which is operated through HMIS. Partners such as the Reformed Church of Highland Park Affordable Housing Corporation have assisted in the development of Coordinated Assessment, and the CoC is working to integrate their PSH programs into HMIS.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Monthly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	6%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	1%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	8%	2%
3.15 Relationship to Head of Household	2%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	2%	2%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input checked="" type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

The CoC's Coordinated Assessment system has been designed so that any provider, other than a domestic violence provider, that wishes to refer a homeless consumer to PSH must do so through HMIS. This means that any partner, regardless of funding source, will need to assist consumers in accessing NJ 2-1-1 in order to be prioritized through Coordinated Assessment. The CoC anticipates that this will provide opportunity and incentive for partner agencies to utilize HMIS moving forward. At the least, even if federal partner programs are not entering client data into the CoC's HMIS, clients will have to be entered in HMIS through initial triage and full assessment for Coordinated Assessment.

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/27/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/15/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)**

The CoC conducts a complete census count of the sheltered population through a combination of HMIS data and project and client-level surveys for non-HMIS participating agencies/programs. All sheltering agencies submit project level surveys the day immediately following the PIT count used to verify the accuracy of HMIS data and client-level survey data. HMIS includes unique identifiers (based on SSN, name, age, etc.) that are used for deduplication across HMIS records. The client surveys collect initials, ages, race, gender, and family composition. This information is used to create unique identifiers that are compared against other client level surveys and HMIS records to eliminate duplicates. The CoC conducts a full census due to involvement of all sheltering programs in the process and high data quality of HMIS data. Client-level surveys are used to attain data from DV providers, increase accuracy, to assist in deduplication, and to collect additional information for local planning.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

N/A

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="checkbox"/>
Provider follow-up:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

In the 2015 PIT Count, the CoC adjusted its methodology to include a broader base of volunteer and outreach staff partners than ever before, and the HMIS Lead agency provided multiple specialized trainings to outreach groups enhancing understanding of the survey methods, and of the heightened importance of complete and accurate project-level HMIS data for the night of the Count. This yielded far fewer incomplete and inconsistent surveys than past years' Counts. In addition, the HMIS Lead partnered with the Middlesex County Board of Social Services for a more in depth file review of Board motel placements for homeless households, yielding improved and more complete data on this population than in past years.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/27/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/15/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

In 2015, the community's 3 outreach programs, HEART, and two PATH programs, expanded their reach and made great progress in assisting the unsheltered in accessing housing and shelter across the CoC, providing detailed input about targeting locations for the PIT. The CoC's strategy of counting known locations on the night of the count substantially covered the geographic territory for this reason. The CoC also elected to use a 7-day service-based survey methodology in keeping with PIT guidance in order to count the unsheltered that only access services in particular times and places, and the de-duplication efforts ensured this method's accuracy. The CoC also hosted multiple Project Homeless Connect events on the date of the Count with services and giveaways to engage unsheltered persons. The goal of all efforts was to count and engage every single unsheltered person in the CoC during the PIT Count.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

This year, the CoC also elected to use a 7-day service-based survey methodology in keeping with PIT guidance in order to count the unsheltered that only access services in particular times and places. This option allowed additional projects, that only serve clients on dates other than the PIT Count date chosen, to participate, and capture information for additional unsheltered persons. The CoC's de-duplication methodology ensured that although some providers conducted post-night surveys, that no unsheltered persons were double-counted. In addition, based on data from the previous year, the HMIS Lead Agency engaged additional provider partners and homeless and formerly homeless individuals in the city of Perth Amboy to improve the count in the County's second largest urban center. The increased focus on the city of Perth Amboy improved outreach in the city and allowed for an improved count in this locality.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

In the 2015 PIT Count, the CoC HMIS Lead Agency provided multiple specialized trainings to outreach groups enhancing understanding of the survey methods and interpreting specific questions. The number of incomplete surveys for unsheltered persons fell considerably compared to past years' Counts. The CoC incorporated new CoC member and RHY-funded partner, Somerset Home for Temporarily Displaced Children, in the 2015 PIT Count. This agency provided valuable additional street count outreach efforts and enabled to CoC to improve its count of unsheltered youth. A new and improved 3rd Project Homeless Connect event site was also implemented in Perth Amboy, more intentionally including partners in that city in counting the homeless, such as God's Army Ministries and homeless and formerly homeless individuals.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	802	604	-198
Emergency Shelter Total	532	403	-129
Safe Haven Total	0	0	0
Transitional Housing Total	168	125	-43
Total Sheltered Count	700	528	-172
Total Unsheltered Count	102	76	-26

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	1,007
Emergency Shelter Total	790
Safe Haven Total	0
Transitional Housing Total	257

3A-2. Performance Measure: First Time Homeless.

**Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

The CoC utilizes HMIS and PIT data to analyze the correlation between the vulnerabilities and risk factors that contribute to homelessness and those individuals and families that become homeless for the first time. This information allows the CoC to provide services that best assist at-risk persons to avoid homelessness through prevention. At its Coordinated Assessment (CA) Entry points, NJ 2-1-1 and Middlesex County Board of Social Services (BOSS), the CoC always seeks to divert/prevent households from homelessness. NJ 2-1-1 uses a standardized CA diversion script, but if unsuccessful, referral can be made to prevention resources such as MCBoss TANF/GA temporary rental/utility assistance, Catholic Charities ESG Prevention/RRH, or PRAHD's State-funded Homelessness Prevention Program. The CoC Prevention Committee is working to coordinate the system so that resource availability is spread strategically through the year and referrals can be made accurately based on availability.

3A-3. Performance Measure: Length of Time Homeless.

**Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

The CoC has developed a 2-part Coordinated Assessment (CA) system (initial triage & full assessment) that enables both emergency shelters and permanent housing providers to prioritize homeless individuals and families with the longest homeless histories (LHH) and the most severe service needs. When a homeless individual or family accesses the CoC's triage, each one is offered homeless case management, and is placed on a shelter priority list, if needed. Those with LHH are prioritized, but all who are homeless/at-risk receive case management to assist in ending their housing crisis rapidly. If a household is not able to be diverted, or end its homelessness within 10 days, a full assessment is conducted to assess and prioritize those with LHH for permanent housing interventions, including CoC PSH and CoC/ESG RRH. This process of continually prioritizing those with LHH means that the CoC is actively reducing average lengths of homelessness for individuals and families.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		47
Of the persons in the Universe above, how many of those exited to permanent destinations?		33
% Successful Exits		70.21%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		99
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?		97
% Successful Retentions/Exits		97.98%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
 (limit 1000 characters)

The CoC's HMIS Lead Agency uses HMIS to identify persons who reenter the system or have multiple episodes of homelessness. The CoC's Performance and Evaluation Committee has looked at ways to measure the number of households including measures such as tracking households who enter the homeless system and did not return within 6 and 12 months. A front end screening process identifies chronically homeless individuals who need permanent supportive housing or those who could be rapidly rehoused to ensure consumers receive appropriate levels of support to maintain housing. Strategies: 1. The CoC offers homeless case management to all homeless/at-risk households to prevent re-entry into the system where possible. 2. RRH providers conduct 6 month follow up to ensure housing stability. 3. The CoC's One-Stop employment partnership provides linkage opportunities for permanently-housed consumers to employment resources to ensure housing stability.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

Elijah's Promise, an outreach and PSH sponsor agency has SOAR certified staff, and a partnership with Rutgers University Behavioral Health Care staff to co-locate at Elijah's soup kitchen, where they are able to quickly and effectively link clients outreached on the street or at the local soup kitchen to non-employment sources of income such as SSD/SSI or TANF/GA through the Middlesex County Board of Social Services (MCBOSS). Catholic Charities TH and RRH case managers are also SOAR certified. MCBOSS is often the first stop for CoC-funded project case managers in order to help secure income for clients, and TANF/GA eligible clients are given required referrals to the One-Stop Center to access mainstream employment services.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

In a new CoC-wide Employment Initiative piloted by Coming Home, in partnership with NJ Dept. of Labor and County One Stop employment center, all CoC/ESG project clients have been able to take advantage, on a bi-weekly basis, of individualized job training sessions, employment counseling, job matching, access to computers, & staff time, solely for homeless consumers served by CoC partners. The program is actively used by consumers from 100% of CoC emergency shelters and 50% of CoC TH projects, but services are available to all homeless and formerly homeless individuals. The CoC is notified by the One-Stop Center, employers, and community partners about job opportunities, and notifies CoC agencies so clients can access these opportunities as they arise.

The Employment Initiative is also piloting a partnership with a large local hospital to prioritize homeless individuals for available job opportunities at the hospital, with the intent of expanding this to large local hotels.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?

(limit 1000 characters)

The CoC's Street Outreach is an aggressive effort to locate homeless people on the street throughout the CoC's geography; particularly those who are elusive or not active help-seekers who are at risk for long term homelessness, to engage them in Housing programs, services, & care. Throughout the year, outreach teams earmark certain municipalities each month for outreach to police, businesses, transit centers, and community leaders, covering the whole CoC area annually. The 2 PATH teams and the Homeless care packages, food, clothing, shelter, & work to engage /build trusting relationships. Through Coordinated Assessment, Street Outreach clients are prioritized for shelter at triage, which can incentivize clients to engage with the Outreach providers. During winter, Outreach teams work closely with the seasonal & rotating shelters, including nightly Code Blue sites, where the unsheltered tend to seek refuge when it is colder.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?

No

3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?

(limit 1000 characters)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	105	86	-19
Sheltered Count of chronically homeless persons	80	61	-19
Unsheltered Count of chronically homeless persons	25	25	0

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed.
(limit 1000 characters)**

The decrease in the total number of chronically homeless (CH) and sheltered CH persons can be attributed to a) the addition of Kilmer Homes, with 30 dedicated homeless units, and CoC Leasing projects; and b) increased outreach by PATH & HEART. With the additional PSH units, and the community's focus on reaching the hardest to serve, CH were prioritized for as many units as possible. In addition, through the improved outreach efforts of the PIT, including expansion in Perth Amboy and increased use of grassroots agencies and homeless/formerly homeless volunteers, a more thorough unsheltered count was completed, so that despite a decrease in CH population, the unsheltered number remained unchanged, likely due to improved identification and engagement on the streets during the PIT.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

During the FY2013 CoC process, funding has been reallocated to create 4 new units of permanent housing for the Chronically Homeless (CH), and CoC funded PSH agencies with non-dedicated units have committed to dedicating 10 units to CH upon turnover. For 2014-15, this should create an additional four units. Coming Home of Middlesex County (CHM) launched the Homes for the Homeless Program (H4HP), whose goal is to create 3 projects a year for next two years, with priority for CH. H4HP was developed with financiers, developers, municipalities, service providers, and end users. An RFQ received responses from 9 developers. CHM is doing pre-development work (identifying properties, willing municipalities and capital funding) for projects. The CoC has developed a practice and business model for the creation of a community-based case management program. The Partnership (see bylaws) will identify and secure funding for the program. The Partnership will continue to expand and fund the "Welcome Home" shared housing model for the CH, sponsored by local faith-based institutions. The CoC will also work with funded organizations to prioritize the CH on turnover of units.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

The CoC accomplished the goals of:

1. prioritizing turnover beds in non-dedicated units for the chronically homeless through Coordinated Assessment referral implementation,
2. spurred creation of 30 new units of housing for homeless persons, including chronically homeless persons, at Kilmer Homes through the Housing First Trust Fund,
3. Acquired Robert Wood Johnson Foundation funding through Coming Home to begin implementing community-based case management in tandem with Coordinated Assessment (CA) startup.
4. With the implementation of CA and adoption of the CA written standards, all CoC projects, both funded and non-funded, have agreed to prioritize all turnover units for the chronically homeless

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	56	53	-3

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

There was an error on the 2014 HIC which was discovered during the 2015 HIC process, in which the 5 units of the CSP Ryan White PSH project and 4 of the 8 bed at Elijah's Promise Welcome Home were incorrectly classified as dedicated to the chronically homeless, when in fact, that was not true. Therefore, the 2014 number should have been 47. This was corrected in the 2015 HIC, which therefore means that there has actually been a net increase of 6 beds dedicated to the chronically homeless. This increase is due to the MC Leasing III project coming online with 6 beds dedicated to the chronically homeless.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?

Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. 19

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	49
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	5
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	5
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The CoC has strategically reallocated funding to create new PSH for the chronically homeless in recent competitions; is working with Edison Housing Authority to lease up additional chronically homeless persons in existing Rental Assistance projects, and is reallocating from TH to fully implement its Coordinated Assessment Project to enhance access to services and prioritization of the chronically homeless this year. In addition, all existing PSH beds not dedicated to the chronically homeless have been prioritized for them through coordinated assessment and referral, including 30 new PSH units for the homeless developed in 2015 at Kilmer Homes. Coordinated Assessment will ensure that all turnover beds are prioritized for the chronically homeless in CoC projects.

3B. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
(limit 1000 characters)**

Widespread advertising, outreach, and CoC referral procedure, ensure all homeless or at-risk families are able to access assistance through NJ 2-1-1 or the Middlesex County Board of Social Services (MCBOSS). To reduce the length of time families spend in homelessness, the CoC's Coordinated Assessment priority list enables the Rapid Re-Housing provider to serve CoC clients with the longest histories of homelessness first. Through the CoC's triage process with NJ 2-1-1, families are given diversion and referred to prevention assistance, or if they cannot be diverted or prevented from entering homelessness, referrals are provided to permanent housing-oriented shelter and universal homeless case management. The CoC also utilizes a part time Housing Locator who is actively working on engaging landlords in the community to be more flexible with their criteria for homeless families.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	24	17	-7

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input checked="" type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	124	92	-32
Sheltered Count of homeless households with children:	123	90	-33
Unsheltered Count of homeless households with children:	1	2	1

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

Decreases in total numbers of overall homeless and sheltered families can be attributed to a) 30 new units dedicated to the homeless at Kilmer Homes, as well as implementation of County Leasing projects; b) the CoC RRH project coming online; c) the CoC increasing ESG funds for RRH for families; and d) increased use of Temporary Rental Assistance by the MCBOS. With additional PH units coming online, and with the shift at the MCBOS in how homeless households with children are served, more families were able to secure permanent housing. It should be noted that while it appears at the time of the HIC that there were fewer RRH units available to families in 2015, this was simply due to the timing of the distribution of the Catholic Charities ESG RRH funds, and not a functional annual decrease in units dedicated to families. The slight increase in unsheltered families is within PIT's margin of error, and is evidence that Project Homeless Connect and street count efforts were effective.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	No
LGBTQ youth homelessness?	No
Exits from foster care into homelessness?	No
Family reunification and community engagement?	No
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	No
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	43	49	6

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.
(limit 1000 characters)**

N/A

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$257,108.00	\$257,108.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$257,108.00	\$257,108.00	\$0.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	5
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	3
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	10

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators.
(limit 1000 characters)**

The CoC developed an enhanced partnership with McKinney-Vento educational services by involving homeless liaisons in the CoC's committees. The Homeless Youth Task Force works in partnership with the County Human Services Advisory Committee on protocols for identification of homeless youth, maintaining school enrollment, and procedures for information sharing. The HMIS Lead Agency, who serves as the PIT Coordinator, attends quarterly meetings of the Homeless School Liaisons in order to provide trainings on the Point In Time, Coordinated Assessment, and other services available to homeless youth in the CoC. The Homeless School Liaisons participate in the Point in Time annually by completing the PIT surveys with the homeless students in their districts.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

The CoC has assisted its CoC/ESG-funded agencies in making families aware of their eligibility for and access to educational services by working with the Regional McKinney-Vento Programs and Director to create an understanding of the rights guaranteed, and services available to homeless children and youth through this program. Meeting attendance and cross training have been utilized to promote understanding and awareness. Homeless service providers receive regular information on the rights of homeless youth to access educational services, including state mandated transportation to the individual's home school district. Through Coordinated Assessment, vulnerable homeless youth are able to be identified and prioritized for CoC and ESG programs for which they are eligible. CoC homeless youth provider agency, Making It Possible to End Homelessness (MIPH) utilizes a CoC-developed Barriers to Housing Assessment Tool at intake to assess youth needs. Among the domains included in the assessment are linkages to childhood and adult education history. MIPH and Reformed Church of Highland Park Affordable Housing Corporation work closely with youth care management organizations and the State Department of Child Permanency and Protection to identify and provide youth with the most appropriate educational resources.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	32	22	-10
Sheltered count of homeless veterans:	23	21	-2
Unsheltered count of homeless veterans:	9	1	-8

**3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count.
(limit 1000 characters)**

The CoC continues its Veteran Housing Assistance Program (VHAP)/SSVF Partnership to coordinate efforts to end veterans homelessness. This collaboration combines County prevention/RRH program with two SSVF providers, who all work in conjunction with VA VASH office to make the most suitable referrals. Case conference calls among the partnership occur approximately every 3 weeks. Based on the needs of the homeless veteran household, one or more agencies might provide targeted financial assistance to stabilize the household. Referrals to the VASH program are made as appropriate. Through Coordinated Assessment, all Veterans are offered a referral to the County VHAP program for case management services specific to their veteran status. The CoC's ability to target and mix strict VA funding with flexible County funds to cover costs beyond SSVF limits has helped the CoC get to the point of planning to reach functional zero in 2016 for vets homelessness, just behind Opening Doors' target.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)**

Coordinated Assessment (CA) includes specific screening questions designed to ensure that Veterans eligible for VA services are accurately identified and referred to County Veterans Services staff and SSVF resources. In cases where a consumer is identified as potentially eligible for VA services, County Veterans staff will case conference with staff from Community Hope and Soldier On, agencies which provide Veterans' housing services to eligible consumers, for assistance in eligibility determinations. These agencies also provide outreach, engaging veterans and referring the VA ineligible to the CA system and County resources which supplement SSVF resources to aid in maintaining housing stability. The Middlesex County Veterans Advisory Council meets bi-weekly to ensure procedures meet the goals of identifying all homeless vets, creating a list of homeless vets in the community, and prioritizing for housing resources in order to reach functional zero in terms of veterans' homelessness.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?
(limit 1000 characters)**

The Middlesex County Veterans Services Office (VSO) maintains a close liaison with the various veterans' organizations within the county and provides support for veterans through the Middlesex County Veterans Advisory Council. The VSO utilizes County Homeless Trust Fund dollars to supplement SSVF and other resources in order to assist veterans in achieving and maintaining housing stability. When veterans use up SSVF benefits, seek assistance multiple times, or are ineligible for VA benefits, Soldier On and Community Hope (local SSVF providers) are able to provide case management while VSO resources can provide security deposits and other essential housing support, or work with other CoC partners through Coordinated Assessment to access CoC/ESG RRH or permanent subsidies.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	21	22	4.76%
Unsheltered count of homeless veterans:	7	1	-85.71%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. No

This question will not be scored.

3B-3.5a. If "Yes," what are the strategies being used to maximize your current resources to meet this goal? If "No," what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

The CoC would welcome technical assistance regarding details about VA medical center services that may be available to homeless veterans in the community, and the VA process for accepting veterans into the HUD-VASH program. The HUD-VASH program seems to be sparsely utilized compared to the need in the community causing the CoC to continue to use its resources to serve a population that could be more appropriately served by the VASH program. Also, the CoC would appreciate deeper conversation around HUD-VASH and GPD programs regarding how these programs do not implement a Housing First orientation.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	15
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	15
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

CoC members actively assist homeless consumers in obtaining insurance by utilizing NJ's Medicaid expansion/ACA health insurance, & Jewish Renaissance Medical Center provides Navigators at Project Homeless Connect events. Coming Home has partnered with all 5 Medicaid Managed Care Organizations (MCO) in NJ as a pilot for expanding access to insurance, Medicaid, and health care case management from insurers for the homeless. This designates responsibility for healthcare to MCO case managers while homeless case managers provide housing/services. Participants gain increased access to healthcare, improved outcomes, & decreased emergency service usage. Promise Clinic, a partnership between Elijah's Promise and Rutgers Medical School, provides health care outreach, screenings, & Medicaid applications to the homeless. The 3 CoC Street Outreach projects also assist unsheltered clients in applying for Medicaid. Through these efforts, the number of insured homeless clients continues to increase.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	15
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	14
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	93%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	15
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	15
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="checked" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="checked" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="checked" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	56	36	-20

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)**

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="text"/>
CoC Systems Performance Measurement:	<input type="text"/>
Coordinated Entry:	<input type="text"/>
Data reporting and data analysis:	<input type="text"/>
HMIS:	<input type="text"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="text"/>
Maximizing the use of mainstream resources:	<input type="text"/>
Retooling transitional housing:	<input type="text"/>
Rapid re-housing:	<input type="text"/>
Under-performing program recipient, subrecipient or project:	<input type="text"/>
	<input type="text"/>
Not applicable:	<input type="text"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Notification to R...	11/19/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	Public Notice - C...	11/19/2015
03. CoC Rating and Review Procedure	Yes	CoC Rating & Revi...	11/19/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Public Posting Co...	11/19/2015
05. CoCs Process for Reallocating	Yes	CoC App Process, ...	11/19/2015
06. CoC's Governance Charter	Yes	CoC Bylaws and Po...	11/19/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies & P...	11/19/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Homeless Pref...	11/19/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	CoC HMIS contract	11/19/2015
11. CoC Written Standards for Order of Priority	No	Coordinated Asses...	11/19/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No	2015 Middlesex Pl...	11/19/2015
14. Other	No	2014 PIT Data Ana...	11/19/2015
15. Other	No		

Attachment Details

Document Description: Notification to Rejected & Accepted Applicants

Attachment Details

Document Description: Public Notice - Consolidated App

Attachment Details

Document Description: CoC Rating & Review Procedure

Attachment Details

Document Description: Public Posting CoC Rating & Review

Attachment Details

Document Description: CoC App Process, rank, review reallocate

Attachment Details

Document Description: CoC Bylaws and Policies & Procedures

Attachment Details

Document Description: HMIS Policies & Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Homeless Preference - EHA and WHA

Attachment Details

Document Description: CoC HMIS contract

Attachment Details

Document Description: Coordinated Assessment - Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: 2015 Middlesex PIT Report

Attachment Details

Document Description: 2014 PIT Data Analysis

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/19/2015
1B. CoC Engagement	11/19/2015
1C. Coordination	11/19/2015
1D. CoC Discharge Planning	11/19/2015
1E. Coordinated Assessment	11/19/2015
1F. Project Review	11/19/2015
1G. Addressing Project Capacity	11/19/2015
2A. HMIS Implementation	11/19/2015
2B. HMIS Funding Sources	11/19/2015
2C. HMIS Beds	11/19/2015
2D. HMIS Data Quality	11/19/2015
2E. Sheltered PIT	11/19/2015
2F. Sheltered Data - Methods	11/19/2015
2G. Sheltered Data - Quality	11/19/2015
2H. Unsheltered PIT	11/19/2015
2I. Unsheltered Data - Methods	11/19/2015
2J. Unsheltered Data - Quality	11/19/2015
3A. System Performance	11/19/2015
3B. Objective 1	11/19/2015
3B. Objective 2	11/19/2015
3B. Objective 3	11/19/2015
4A. Benefits	11/19/2015
4B. Additional Policies	11/19/2015
4C. Attachments	11/19/2015
Submission Summary	No Input Required